

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY2009</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) <b>91123.07001</b>																								
Application Number: <b>10/582,318</b>		Filed: <b>30 April 2007</b>																								
<b>For: Syringe Driver Housing</b>																										
Art Unit: <b>3767</b>		Examiner: <b>Bhisma Mehta</b>																								
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="text-align: center; width: 15%;"><u>Fee</u></th> <th style="text-align: center; width: 15%;"><u>Small Entity Fee</u></th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$130</td> <td style="text-align: center;">\$65</td> <td style="text-align: center;">\$_____</td> </tr> <tr> <td><input type="checkbox"/> Two month (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$490</td> <td style="text-align: center;">\$245</td> <td style="text-align: center;">\$_____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three month (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1110</td> <td style="text-align: center;">\$555</td> <td style="text-align: center;">\$ 555</td> </tr> <tr> <td><input type="checkbox"/> Four month (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1730</td> <td style="text-align: center;">\$865</td> <td style="text-align: center;">\$_____</td> </tr> <tr> <td><input type="checkbox"/> Five month (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2350</td> <td style="text-align: center;">\$1175</td> <td style="text-align: center;">\$_____</td> </tr> </tbody> </table> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1943.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038</b></p> <p>I am the <input type="checkbox"/> applicant / inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/95).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>27,223</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____</p> <p style="text-align: center; margin-top: 10px;"> <u>/Charles N. Quinn/</u>            Signature         </p> <p style="text-align: right; margin-top: 10px;"> <b>4 December 2009</b>            Date         </p> <p style="text-align: center; margin-top: 20px;"> <b>Charles N. Quinn</b>            Typed or printed name         </p> <p style="text-align: right; margin-top: 20px;"> <b>610-458-4984</b>            Telephone Number         </p>				<u>Fee</u>	<u>Small Entity Fee</u>		<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	\$_____	<input type="checkbox"/> Two month (37 CFR 1.17(a)(2))	\$490	\$245	\$_____	<input checked="" type="checkbox"/> Three month (37 CFR 1.17(a)(3))	\$1110	\$555	\$ 555	<input type="checkbox"/> Four month (37 CFR 1.17(a)(4))	\$1730	\$865	\$_____	<input type="checkbox"/> Five month (37 CFR 1.17(a)(5))	\$2350	\$1175	\$_____
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